

<i>SERFF Tracking Number:</i>	<i>UNON-125771113</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10034501 \$50</i>
<i>Company Tracking Number:</i>	<i>08-BP-FM-25</i>		
<i>TOI:</i>	<i>05.2 Commercial Multi-Peril - Liability Portion</i>	<i>Sub-TOI:</i>	<i>05.2002 Businessowners</i>
	<i>Only</i>		
<i>Product Name:</i>	<i>2008 BP Form Filing</i>		
<i>Project Name/Number:</i>	<i>11-08 AR BP Form/Rule Filing/</i>		

Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company		
Product Name: 2008 BP Form Filing	SERFF Tr Num: UNON-125771113	State: Arkansas
TOI: 05.2 Commercial Multi-Peril - Liability Portion Only	SERFF Status: Closed	State Tr Num: #10034501 \$50
Sub-TOI: 05.2002 Businessowners	Co Tr Num: 08-BP-FM-25	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Frances Linker, Tamara Manuel	Disposition Date: 08/19/2008
	Date Submitted: 08/18/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: 11-08 AR BP Form/Rule Filing	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/19/2008	
State Status Changed: 08/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following company endorsement for all policies effective November 1, 2008 for new and renewal business.

CL BP 04 15 11 08 Include Designated Agents as Employees

<i>SERFF Tracking Number:</i>	<i>UNON-125771113</i>	<i>State:</i>	<i>Arkansas</i>
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This is a new form. This endorsement adds coverage under employee dishonesty for theft by agents appointed by the insured in writing and designated in the endorsement schedule. The designated agents may be individuals, partnerships, or corporations. Each agent and the partners, officers, and employees of that agent collectively are considered to be a single employee. Coverage under this endorsement is part of (rather than in addition to) the employee dishonesty limit shown in the declarations. The endorsement explicitly states that faithful performance coverage does not apply to designated agents, even if faithful performance coverage has been added to the policy by endorsement.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

We are also enclosing a copy of our revised company rule page. It is located under Additional Company Rules, Section A, No. 9.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst
P. O. Box 152180
Irving, TX 75015-2180

flinker@usic.com
(972) 719-2400 [Phone]
(972) 719-2301[FAX]

Filing Company Information

Acadia Insurance Company
P. O. Box 152180
Irving, TX 75015-2180
(972) 719-2465 ext. [Phone]

CoCode: 31325
Group Code: 98
Group Name: W. R. Berkley
FEIN Number: 01-0471706

State of Domicile: New Hampshire
Company Type: P & C
State ID Number:

Continental Western Insurance Company
P. O. Box 152180
Irving, TX 75015-2180

CoCode: 10804
Group Code: 98
Group Name: W. R. Berkley

State of Domicile: Iowa
Company Type: P & C
State ID Number:

SERFF Tracking Number: UNON-125771113 *State:* Arkansas
First Filing Company: Acadia Insurance Company, ... *State Tracking Number:* #10034501 \$50
Company Tracking Number: 08-BP-FM-25
TOI: 05.2 Commercial Multi-Peril - Liability Portion *Sub-TOI:* 05.2002 Businessowners
Only
Product Name: 2008 BP Form Filing
Project Name/Number: 11-08 AR BP Form/Rule Filing/

(972) 719-2400 ext. 2465[Phone] FEIN Number: 42-0594770

Union Insurance Company CoCode: 25844 State of Domicile: Iowa
122 W. Carpenter Freeway Group Code: 98 Company Type: P&C
Suite 350
Irving, TX 75039 Group Name: W. R. Berkle State ID Number:
(972) 719-2400 ext. 2465[Phone] FEIN Number: 47-0547953

SERFF Tracking Number: UNON-125771113 State: Arkansas

First Filing Company: Acadia Insurance Company, ... State Tracking Number: #10034501 \$50

Company Tracking Number: 08-BP-FM-25

TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners
Only

Product Name: 2008 BP Form Filing

Project Name/Number: 11-08 AR BP Form/Rule Filing/

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acadia Insurance Company	\$0.00		
Continental Western Insurance Company	\$0.00		
Union Insurance Company	\$0.00		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010034501	\$50.00	08/18/2008

SERFF Tracking Number: UNON-125771113 *State:* Arkansas
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Project Name/Number: 11-08 AR BP Form/Rule Filing/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/19/2008	08/19/2008

<i>SERFF Tracking Number:</i>	<i>UNON-125771113</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Only</i>		
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<i>Project Name/Number:</i>	<i>11-08 AR BP Form/Rule Filing/</i>		

Disposition

Disposition Date: 08/19/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rule filing and review requirements.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Company Tracking Number: 08-BP-FM-25

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Product Name: 2008 BP Form Filing

Project Name/Number: 11-08 AR BP Form/Rule Filing/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
	Include Designated Agents as Employees	Approved	Yes
Form	BOP-R Manual	Accepted for Informational Purposes	Yes
Rate			

SERFF Tracking Number: UNON-125771113 State: Arkansas
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 Only
 Product Name: 2008 BP Form Filing
 Project Name/Number: 11-08 AR BP Form/Rule Filing/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Include Designated Agents as Employees	CL BP 04 15	11 08	Endorsement/Amendment/Conditions	New		CL BP 04 15 11 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE DESIGNATED AGENTS AS EMPLOYEES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Capacity Of Agent

1. With respect to the Employee Dishonesty Optional Coverage in Paragraph **G.3.**, employee means:

- (1) Any natural person, partnership or corporation
 - (a) You appoint in writing to act as your agent in the capacity shown in the Schedule while acting on your behalf or while in possession of covered property;
 - (b) While in your service or for 30 days after termination of service;
 - (c) Who you compensate directly by salary, wages or commissions; and
 - (d) Who you have the right to direct and control while performing services for you:

These natural persons, partnerships or corporations are not covered for faithful performance of duty, even in the event that this insurance may have been amended by endorsement to provide such coverage on other employees.

Only coverage for theft applies to the agents scheduled above.

- (2) Any natural person who is furnished temporarily to you:
 - (a) To substitute for a permanent employee as defined in Paragraph (1) above, who is on leave; or
 - (b) To meet seasonal or short-term work load conditions:

- (3) Any natural person who is leased to you under a written agreement between you and a labor leasing firm, to perform duties related to the conduct of your business, but does not mean a temporary employee as defined in Paragraph (2) above;
- (4) Any natural person who is a former employee, director, partner, member, manager, representative or trustee retained as a consultant while performing services for you; or
- (5) Any natural person who is a guest student or intern pursuing studies or duties, excluding, however, any such person while having care and custody of property outside any building you occupy in conducting your business.

2. Each such agent and the partner(s), officers and employees of that agent are considered to be, collectively, one employee for the purposes of this insurance. However, cancellation of this insurance as to any employee, as provided under Section I – Property, paragraph G.3.f., applies individually to each of them.

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<i>Product Name:</i>	<i>2008 BP Form Filing</i>		
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Rate Information

Rate data does NOT apply to filing.

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 Product Name: 2008 BP Form Filing
 Project Name/Number: 11-08 AR BP Form/Rule Filing/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	BOP-R Manual	Page 1-21	Replacement	11-08 BOP Manual.pdf

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

LOSS COST MULTIPLIERS

For all loss costs shown in the ISO manual and the Company rule exceptions, use the following loss cost multipliers by Company:

Continental Western Insurance Company	1.725
Union Insurance Company	1.466
Acadia Insurance Company	1.000

RULE 7. POLICY WRITING MINIMUM PREMIUM

Contractor Program Minimum Premium:	\$ 750
All Other Programs Minimum Premium:	\$ 500

RULE 8. ADDITIONAL PREMIUM CHANGES

The following are amended:

A. Calculation of Premium - Item 2. is replaced with the following:

2. In computing the additional premium for:

- a. Any changes made to a location included at policy inception use the rates and rules in effect on the effective date of the policy. If the changes are made after an anniversary date of the policy, use the rates and rules in effect on that anniversary date.
- b. Locations that are added after policy inception (including all coverages, options and causes of loss at that location), use the rates and rules in effect as of the inception or anniversary of the policy.
- c. Any changes made to a location that was added after policy inception, use the rates and rules in effect as of the inception or anniversary of the policy.

The additional premium developed is in addition to any applicable policy writing minimum premium.

B. Waiver of Premium is replaced by the following:

Waive additional premium amounts of \$ 15 or less. This waiver applies only to that portion of the company premium due on the effective date of the policy change.

RULE 9. RETURN PREMIUM CHANGES

B. Waiver of Premium is replaced by the following:

Waive return premium amounts of \$ 15 or less. Grant any return premium that is requested by the insured. This waiver applies only to premium due on the effective date of the policy change.

RULE 16. MANDATORY FORMS, COVERAGES AND LIMITS

The following are amended:

C. Businessowner Policy Declarations BP DS 01 is replaced with the following:

Businessowners Policy Declarations BP CD 01 will be used to provide policy writing information.

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS

RULE 16. MANDATORY FORMS, COVERAGES AND LIMITS (cont'd)

D. Businessowners Policy Changes Endorsement BP 12 01 - Item 2. is replaced with the following:

Policy Changes endorsement **IL 12 01** will be used to describe policy changes or to add or delete optional coverages.

E. Other Mandatory Endorsements

Attach the following exclusions to the Businessowner policy:

a. Endorsements

CL BP 01 32 - Fungus or Bacteria Exclusion - This endorsement limits coverage for losses caused by fungus or mold, with an exception for loss caused by fire or lightning.

CL BP 01 05 - Lead Exclusion - This endorsement excludes liability arising out of loss or damage caused by lead and lead-based products.

CL BP 01 06 - Asbestos Exclusion - This endorsement excludes liability arising out of loss or damage caused by asbestos and asbestos-based products.

CL BP 01 12 - Silica or Silica Related Dust Exclusion - This endorsement excludes liability arising out of loss or damage arising out of silica and silica-based products.

CL BP 01 28 - Amendment of Primary and Excess Liability Provisions (Additional Insureds) - This endorsement makes our Liability coverage excess for a person or organization who has been added by endorsement to our policy as an additional insured unless there is a written contract or agreement that our coverage be primary with respect to the ongoing operations for which the person or organization has been added as an additional insured. Where required by written contract or agreement, we will treat any other primary liability insurance available to the additional insured for premises or ongoing operations as non-contributory to ours, except with respect to other liability insurance available to the additional insured to which such person or organization has been added as an additional insured by endorsement.

BP 04 39 - Abuse or Molestation Exclusion - This endorsement excludes abuse or molestation by anyone of any person while in the care, custody or control of the insured.

BP 04 17 - Employment Related Practices Exclusion - This endorsement excludes bodily injury and personal injury arising out of employment related practices.

b. Premium

The company Property and Liability rates include the use of these endorsements.

RULE 21. BLANKET INSURANCE

Under C. Premium Development, paragraph 3. is replaced by the following:

3. A blanket average rate expires one year from its effective date or when there is a general revision in rates, whichever occurs first. Use a Statement of Values CP 16 15 in calculating blanket average rates.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 22. ELIGIBILITY

3. Contractors is revised as follows:

3. Contractors

a. Contractors listed in Businessowners Classification table are the only types eligible for the Businessowners Program. Any of the contractors engaged in the trades described in the Businessowners Classification table are ineligible if they engage in any combination of activities or types of operations described in Rule **22.B.2.**

b. Contractors are subject to the following additional eligibility requirements:

- (1) No more than \$ 1,000,000 of annual payroll;
- (2) No work at a height of over 3 stories;
- (3) The total cost of subcontracted work cannot exceed more than 15% of the contractor's total annual gross sales. This exposure will be rated using the following Class Table Addition:

Class Code	SIC	NAICS	Prop Rate No.	Liab Class Grp	Liab Exp Base
75998	1747	235747	20	61	PAYROLL
75999	1747	235747	20	62	PAYROLL

75998 - Contractors - subcontracted work - adequately insured contractor

75999 - Contractors - subcontracted work - inadequately insured contractor

The ratings uses the Occupant Liability per \$ 1,000 of Annual Payroll loss costs; however, for these two classes only Payroll is defined as Total Cost - 1. the cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work; however, do not include the cost of finished equipment installed but not furnished by the subcontractor if the subcontractor does no other work on or in connection with such equipment, and 2. All fees, bonuses or commissions made, paid or due.

- (4) No renting or leasing equipment to others; and
- (5) Sales unrelated to installation, service or repair cannot exceed 25% of annual gross sales.

RULE 23. PREMIUM DEVELOPMENT - MANDATORY COVERAGES

The following is amended:

C. Premium Determination - The following is added to 5. Sprinklered Property Automatic Sprinkler System:

- c. The Automatic Sprinkler system must be recognized by the applicable state insurance property rating bureau or association.

The following Company rate relativity tables repalce the corresponding ISO table in its' entirety:

CONTINENTAL WESTERN INSURANCE COMPANY
 UNION INSURANCE COMPANY
 ACADIA INSURANCE COMPANY
 DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
 COMPANY RULE EXCEPTIONS
 STATE OF ARKANSAS

RULE 23. PREMIUM DEVELOPMENT - MANDATORY COVERAGES (cont'd)

Rate Number Relativities

Property Rate Numbers	Factor
1	0.840
2	0.742
3	0.711
4	1.293
5	1.110
6	1.097
7	1.107
8	1.050
9	1.631
10	2.206
11	2.675
12	3.038
13	1.367
14	2.014
15	2.316
16	2.809
17	2.640
18	3.988
19	1.062
20	1.302
21	2.451
22	2.451
23	2.451
24	2.204
25	2.525
26	4.911

Table 23.C.1.b.(RF) Rate Number Relativities

Construction Relativities

Construction	Factor
Frame	1.075
Joisted Masonry	0.825
Non-Combustible	0.825
Masonry Non-Combustible	0.749
Fire Resistive	0.560

Table 23.C.3.(RF) - Construction Relativities

Liability Class Group Relativities (Limit of Insurance)

Class Group (Limit of Insurance) Occupant Liability	Factor
1	0.420
2	0.391
3	0.966
4	1.242
5	1.470
6	2.317
7	2.419
8	3.179
9	3.903
10	4.488
11	0.681
12	1.037
13	1.390
14	1.935
15	2.244
16	2.342

Table 23.C.6.b.(2)(b)(i)#1(RF) Liability Class Group Relativities (Limit of Insurance)

CONTINENTAL WESTERN INSURANCE COMPANY
 UNION INSURANCE COMPANY
 ACADIA INSURANCE COMPANY
 DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
 COMPANY RULE EXCEPTIONS
 STATE OF ARKANSAS

RULE 23. PREMIUM DEVELOPMENT - MANDATORY COVERAGES (cont'd)

Liability Class Group Relativities (Annual Gross Sales)

Class Group (Annual Gross Sales) Occupant Liability	Factor
31	1.050
32	1.473
33	0.442
34	0.442
35	0.442
36	0.504
37	0.687
38	0.550
39	0.727

Table 23.C.6.b.(2)(b)(i)#2(RF) - Liability Class Group Relativities (Annual Gross Sales)

Liability Class Group Relativities (Annual Payroll)

Class Group (Annual Payroll) Occupant Liability	Factor
51	1.050
52	1.508
53	1.178
54	1.518
55	2.368
56	2.022
57	2.157
58	2.135
59	4.691
61	0.450
62	1.400

Table 23.C.6.b.(2)(b)(i)#3(RF) - Liability Class Group Relativities (Annual Payroll)

CONTINENTAL WESTERN INSURANCE COMPANY
 UNION INSURANCE COMPANY
 ACADIA INSURANCE COMPANY
 DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
 COMPANY RULE EXCEPTIONS
 STATE OF ARKANSAS

RULE 23. PREMIUM DEVELOPMENT - MANDATORY COVERAGES (cont'd)

Liability Class Group Relativities (Limit of Insurance)

Class Group (Limit of Insurance) Lessors Liability	Factor
1	0.525
2	1.159
3	1.159
4	1.696
5	1.696
6	1.696
7	2.526
8	2.526
9	2.526
10	2.905
11	0.695
12	1.017
13	1.017
14	1.515
15	1.515
16	1.515
17	0.630
18	1.183
19	1.202
20	1.553
21	0.382
31	1.670
32	3.128
33	0.423
34	0.468
35	0.545
36	2.202
37	2.549
38	2.473
39	2.820
51- 59 - Office	1.196
51 - 59 - Shop/Storage	1.386

Table 23.C.6.b.(2)(b)(i)#4(RF) - Liability Class Group Relativities

C. Premium Determination

6. Premium Determination

c. Additional Rating Considerations

(1) Playgrounds and Amusement Areas

Category	Union	CWIC	Acadia
Playgrounds - indoor and outdoor	\$147	\$173	\$100
Amusement areas which include mechanical rides or other play equipment or more than two amusement devices such as video games, pinball machines or other similar devices	\$73	\$86	\$50

CONTINENTAL WESTERN INSURANCE COMPANY
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ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS

RULE 24. DEDUCTIBLES

D. Property Damage Liability Deductibles

4. The following Per Claim Factors are added to the ISO table to replace "Refer to Company":

b. Per Claim Basis

Deductible	Per Claim Factor
\$ 250	0.988
\$ 500	0.977
\$ 1,000	0.959
\$ 2,500	0.915

RULE 28. OPTIONAL COVERAGES

The following paragraph is added to Rule 28. Optional Coverages Paragraph 8. Employee Dishonesty:

A. Property Coverages

8. Employee Dishonesty Coverage

c. ERISA Coverage

(1) Description of Coverage

Provides additional insured status for the designated welfare or benefit plan subject to the Employment Retirement Insurance Security Act (ERISA).

(2) Endorsement

Use endorsement **CL BP 04 10** Additional Coverage - ERISA Employee Dishonesty.

(3) Premium Determination

For each designated welfare or benefit plan subject to ERISA, treat such director, trustee, officer, employee, administrator or manager as an additional employee.

Paragraph **A.12.** is replaced by the following:

A. Property Coverages - The following rules are amended:

12. Mechanical Breakdown

a. Description of Coverage

Coverage is broadened to provide coverage from loss resulting from mechanical, electrical or pressure system breakdown. This coverage applies to all locations. This coverage will be automatically attached to all policies, but may be removed at the request of the insured for a premium credit.

Endorsement

Attach endorsement **CL BP 00 03** Mechanical, Electrical or Pressure System Breakdown Enhancement Endorsement.

b. Premium Determination

For all insured locations, calculate the premium otherwise applicable for building, contents and spoilage coverage. Multiply this amount by **0.0654** to determine the premium.
Minimum Premium for this coverage is **\$20.**

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ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 29. ENDORSEMENTS

The following are amended:

A. Property Endorsements

5. Earthquake - Paragraph 5.c. is replaced with the following:

c. Premium Determination

(1) Deductibles

The coverage has a 5% deductible with an option for a 10% deductible available in all territories.

(2) Rating

(a) Determine the construction classes from the table below:

Class	Construction
1	Frame
2	Metal
3	Steel Frame
4	Reinforced Concrete or Combined Reinforced Concrete and Structural Steel
5	Concrete Brick or Block Buildings or Joisted Masonry

(b) Determine the Earthquake Territories according to the table below:

Territory	Counties
11	Mississippi
12	Craighead, Poinsette, Clay, Crittenden and Greene
13	Cross, Jackson, St. Francis, Lee, Phillips and Monroe
14	Woodruff, Prairie, Lawrence and Randolph
15	Arkansas, Desha, Lonoke, Independence, Jefferson, Lincoln and White
16	Remainder of State

(c) Determine the Contents Grade found in the following table (Note: This table is defined by ISO in CLM - Division Five - Rule 73.F. Earthquake Multistate Rules)

Contents Grade	Territory	Multiplier
1	11	8.91
2	11	2.47
3	11	1.00
4	11	0.46
1	12	8.98
2	12	2.47
3	12	1.00
4	12	0.47
1	13	9.96
2	13	2.55
3	13	1.00
4	13	0.45
1	14	11.33
2	14	2.61
3	14	1.00
4	14	0.43
1	15	12.41
2	15	2.61
3	15	1.00
4	15	0.39
1	16	15.95
2	16	2.53
3	16	1.00
4	16	0.66

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ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 29. ENDORSEMENTS (cont'd)

(d) Refer to the following tables for the building and contents rates per \$ 100:

	Union Insurance Company				Continental Western Insurance Company			
Zone 11	Building		Contents		Building		Contents	
Construction	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.226	0.203	0.132	0.119	0.266	0.239	0.155	0.140
2	0.103	0.092	0.103	0.092	0.121	0.109	0.121	0.109
3	0.243	0.219	0.094	0.084	0.286	0.258	0.110	0.099
4	0.299	0.269	0.110	0.099	0.352	0.317	0.129	0.116
5	0.381	0.343	0.148	0.133	0.449	0.404	0.174	0.157

	Union Insurance Company				Continental Western Insurance Company			
Zone 12	Building		Contents		Building		Contents	
Construction	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.201	0.181	0.117	0.106	0.236	0.213	0.138	0.124
2	0.089	0.080	0.089	0.080	0.105	0.095	0.105	0.095
3	0.213	0.191	0.082	0.074	0.250	0.225	0.097	0.087
4	0.261	0.235	0.097	0.087	0.307	0.276	0.114	0.102
5	0.331	0.298	0.129	0.116	0.390	0.351	0.152	0.137

	Union Insurance Company				Continental Western Insurance Company			
Zone 13	Building		Contents		Building		Contents	
Construction	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.185	0.166	0.106	0.095	0.217	0.196	0.124	0.112
2	0.065	0.058	0.065	0.058	0.076	0.068	0.076	0.068
3	0.194	0.174	0.073	0.066	0.228	0.205	0.086	0.078
4	0.238	0.214	0.084	0.075	0.279	0.252	0.098	0.088
5	0.306	0.276	0.114	0.103	0.361	0.324	0.135	0.121

RULE 29. ENDORSEMENTS (cont'd)

	Union Insurance Company				Continental Western Insurance Company			
Zone 14	Building		Contents		Building		Contents	
Construction	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.125	0.112	0.072	0.065	0.147	0.132	0.085	0.076
2	0.034	0.030	0.034	0.030	0.040	0.036	0.040	0.036
3	0.133	0.120	0.048	0.044	0.157	0.141	0.057	0.051
4	0.164	0.148	0.054	0.049	0.193	0.174	0.064	0.057
5	0.214	0.193	0.076	0.069	0.252	0.227	0.090	0.081

	Union Insurance Company				Continental Western Insurance Company			
Zone 15	Building		Contents		Building		Contents	
Construction	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.072	0.065	0.041	0.037	0.085	0.076	0.048	0.043
2	0.019	0.017	0.019	0.017	0.022	0.020	0.022	0.020
3	0.075	0.067	0.026	0.024	0.088	0.079	0.031	0.028
4	0.092	0.083	0.029	0.026	0.109	0.098	0.035	0.031
5	0.123	0.111	0.043	0.038	0.145	0.130	0.050	0.045

	Union Insurance Company				Continental Western Insurance Company			
Zone 16	Building		Contents		Building		Contents	
Construction	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.009	0.008	0.006	0.005	0.010	0.009	0.007	0.006
2	0.006	0.005	0.006	0.005	0.007	0.006	0.007	0.006
3	0.010	0.009	0.004	0.004	0.012	0.011	0.005	0.005
4	0.015	0.013	0.006	0.005	0.017	0.016	0.007	0.006
5	0.021	0.018	0.010	0.009	0.024	0.022	0.012	0.011

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 29. ENDORSEMENTS (cont'd)

The following are the earthquake rating tables for **Acadia Insurance Company**:

Zone 11					Zone 12			
Construction	Building		Contents		Building		Contents	
	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.154	0.139	0.090	0.081	0.137	0.123	0.080	0.072
2	0.070	0.063	0.070	0.063	0.061	0.055	0.061	0.055
3	0.166	0.149	0.064	0.058	0.145	0.131	0.056	0.050
4	0.204	0.184	0.075	0.068	0.178	0.160	0.066	0.059
5	0.260	0.234	0.101	0.091	0.226	0.203	0.088	0.079

Zone 13					Zone 14			
Construction	Building		Contents		Building		Contents	
	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.126	0.113	0.072	0.065	0.085	0.077	0.049	0.044
2	0.044	0.040	0.044	0.040	0.023	0.021	0.023	0.021
3	0.132	0.119	0.050	0.045	0.091	0.082	0.033	0.030
4	0.162	0.146	0.057	0.051	0.112	0.101	0.037	0.033
5	0.209	0.188	0.078	0.070	0.146	0.131	0.052	0.047

Zone 15					Zone 16			
Construction	Building		Contents		Building		Contents	
	5% Ded.	10% Ded	5% Ded	10% Ded	5% Ded.	10% Ded	5% Ded	10% Ded
1	0.049	0.044	0.028	0.025	0.006	0.005	0.004	0.004
2	0.013	0.012	0.013	0.012	0.004	0.004	0.004	0.004
3	0.051	0.046	0.018	0.016	0.007	0.006	0.003	0.003
4	0.063	0.057	0.020	0.018	0.010	0.009	0.004	0.004
5	0.084	0.076	0.029	0.026	0.014	0.013	0.007	0.006

(e) Multiply the building loss cost by the limit of insurance (per \$ 100) and loss cost multiplier to determine the additional premium

(f) Multiply the contents loss cost by the contents grade multiplier, limit of insurance and the loss cost multiplier to determine the additional premium.

7. Equipment Breakdown Protection Coverage

This rule does not apply.

12. Insurance to Value - Paragraph a. is replaced with the following:

a. Description of Coverage

This endorsement deletes the applicability of the insurance-to-value requirements contained in the Loss Payment Property Loss Condition in Section I - Property of the Businessowner Coverage Form BP 00 03. If this endorsement is attached to the policy, no insurance-to-value requirements apply to Covered Property.

Automatically attach this endorsement unless the insured does not wish to purchase this coverage.

23. Water Back-Up and Sump Overflow

- c. (2) For limits in excess of the \$ 5,000 annual aggregate provided in BP 04 53, charge the following loss costs per \$ 100 of coverage.

If Business Personal Property Replacement Cost Coverage Is	Union Rate	CWIC Rate	Acadia Rate
Included in the policy	\$1.76	\$2.07	\$1.20
Not Included in the policy	\$1.47	\$1.73	\$1.00

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 29. ENDORSEMENTS (cont'd)

The following is added to **Rule 29., Paragraph A.:**

24. Company Additional Insured Endorsement

(a) Description of Coverage

This endorsement names as Additional Insured the person or persons listed in the schedule as respects covered property in which both the Named Insured and the Additional Insured have an insurable interest.

(b) Endorsement

Use Additional Insured Provisions Property Coverage endorsement **CW 23 51 08 04.**

(c) Premium Determination

There is no premium charge for this endorsement.

B. Liability Endorsements

4. Coverage for Injury to Leased Workers

c. Premium Determination

Multiply the Liability premium determined in Rule 23.C.6.b.(3).(d) by one of the following factors:

Leased Employee Description	Factor
Leased Employees Covered by Workers Compensation and Employers Liability	1.15
Leased Employees Not Covered by Workers Compensation and Employers Liability	1.30

5. Electronic Data

This rule does not apply.

6. Employee Benefits

a. Employee Benefits Liability Coverage

(3) Premium Determination

Limit of Insurance (Occurrence/Aggregate)	Union Rate Per Employee	CWIC Rate Per Employee	Acadia Rate Per Employee	Minimum Premium
\$ 25,000/50,000	0.169	0.198	0.115	\$125
\$ 50,000/100,000	0.213	0.250	0.145	\$ 125
\$ 100,000/300,000	0.274	0.323	0.187	\$ 150
\$ 250,000/500,000	0.298	0.350	0.203	\$ 200
\$ 500,000/1,000,000	0.364	0.428	0.248	\$ 250
\$ 1,000,000/2,000,000	0.393	0.462	0.268	\$ 300

b. Employee Benefits Liability Coverage

(3) Premium Determination

Multiply the annual premium for Employee Benefits Liability Coverage by an adjustment factor ranging from 0.70 to 1.00, based upon underwriter judgment.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 29. ENDORSEMENTS (cont'd)

13. Liquor Liability Coverage

c. Premium Determination

(2) Charge the following rates per \$ 1,000 of Gross Sales:

Limit of Insurance (Occurrence/Aggregate)	Union Rate Per \$1,000 Sales	CWIC Rate Per \$1,000 Sales	Acadia Rate Per \$1,000 Sales	Minimum Premium
\$ 100,000/200,000	3.666	4.313	2.500	\$ 100
\$ 300,000/600,000	4.589	5.399	3.130	\$ 250
\$ 500,000/1,000,000	4.985	5.865	3.400	\$ 350
\$1,000,000/2,000,000	5.542	6.521	3.780	\$ 500

(3) Charge a per event flat charge based on the supplier of alcohol:

Alcohol Supplier	Limit	Per Event Charge
Insured	\$300,000	\$100
	\$500,000	\$250
	\$1,000,000	\$350
	\$2,000,000	\$500
Vendor	\$500,000	\$100
	\$1,000,000	\$140
	\$2,000,000	\$240

The following paragraph is added to Rule 29. Endorsements, Paragraph B. Liability Endorsements:

B. Liability Endorsements

21. Transmissible Spongiform Encephalopathies (and Related Diseases) and Foot-And-Mouth Disease Exclusion

To exclude the exposure from any product processed, packaged, labeled, manufactured, produced, used, owned, stored, sold, handled, controlled or distributed by or on behalf of the insured which contains or is alleged to contain Transmissible Spongiform Encephalopathy or any related diseases (including those referred to as "mad cow" disease), or Foot-And-Mouth Disease, attach **CL BP 45 02** Absolute Exclusion -- Transmissible Spongiform Encephalopathies (And Related Diseases) And Foot-And-Mouth Disease.

Attach to all meat processing risks; butchers; animal slaughtering operations; packing plants; meat distributors; feed stores; feed, grain or hay stores; and farm and ranch stores.

Attach to the following types of risks if an unacceptable exposure is determined to exist:

- (a) Wholesale food distributors, and/or grocery distributors, retail meat stores,
- (b) Retail meat stores;
- (c) Health food stores;
- (d) Restaurants, delicatessens;
- (e) Caterers, concessionaires; and
- (f) Any other risk where an unacceptable exposure is determined to exist.

22. Exclusion Endorsements

- (a) Liability arising out of a specific project performed by or on behalf of the insured may be excluded by attaching Exclusion - Designated Work Endorsement **CL BP 01 25**.
- (b) Liability arising out of a specific ongoing operation maintained or operated by an insured may be excluded by attaching Exclusion - Designated Ongoing Operations Endorsement **CL BP 01 26**.

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS

RULE 29. ENDORSEMENTS (cont'd)

C. Additional Insured Endorsements (Liability and Medical Expenses Coverage)

10. Additional Insured - Vendors - BP 04 47

c. Premium Determination

	Union	CWIC	Acadia
The rate for each designated location and additional insured is	28	33	19

11. Additional Insured - Designated Person or Organization - BP 04 48

c. Premium Determination

	Union	CWIC	Acadia
The rate for each designated location & designated person or organization is	28	33	19

13. Additional Insured - Owners, Lessees or Contractors

c. Premium Determination

	Union	CWIC	Acadia
The rate for each designated location and additional insured is	17	20	12

14. Additional Insured - Owners, Lessees or Contractors - With Additional Insured Requirement in Construction Contract

c. Premium Determination

	Union	CWIC	Acadia
The rate for each designated location and additional insured is	395	464	269

The following is added to **Rule 29., Paragraph C.:**

17. Additional Insured - Owners, Lessees Or Contractors - Company Endorsements

a. Additional Insured - Owners, Lessees or Contractors - Completed Operations

Completed operations coverage for owners or lessees on policies covering contractors, or contractors on policies covering subcontractors, is available on a scheduled additional basis. Use **Additional Insured - Owners, Lessees or Contractors - Completed Operations**, as shown below:

CL BP 20 10 \$500 Flat Charge Per Additional Insured/Job

Each additional insured (the work being done), the location and description of the completed operations must be shown in the Schedule of the endorsement.

b. Additional Insured - Limited Completed Operations

Completed operations coverage for owners or lessees on policies covering contractors, or contractors on policies covering subcontractors, is available on an automatic basis when required by written contract. Use **Additional Insured - Owners, Lessees, or Contractors - Limited Completed Operations Coverage - Automatic Status When Required in Construction Agreement With You** endorsement, as shown below:

(1) CL BP 20 11 03 06 10% of the Products-Completed Operations Annual Premium, subject to a **\$1,000 Minimum Annual Premium Charge**

Coverage provided by this endorsement for each additional insured will not extend beyond the period of time required by the written contract, or 2 years from the date of completion of the work for the additional insured, whichever is less, provided that both the BOP coverage and the additional insured endorsement remain continuously in effect with us for that period of time.

(2) CL BP 20 12 03 06 15% of the Products-Completed Operations Annual Premium, subject to a **\$1,200 Minimum Annual Premium Charge**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 29. ENDORSEMENTS (cont'd)

Coverage provided by this endorsement for each additional insured will not extend beyond the period of time required by the written contract, or 3 years from the date of completion of the work for the additional insured, whichever is less, provided that both the BOP coverage and the additional insured endorsement remain continuously in effect with us for that period of time.

- (3) **CL BP 20 13 03 06** 20% of the Products-Completed Operations Annual Premium, subject to a **\$1,500 Minimum Annual Premium Charge**

Coverage provided by this endorsement for each additional insured will not extend beyond the period of time required by the written contract, or 5 years from the date of completion of the work for the additional insured, whichever is less, provided that both the BOP coverage and the additional insured endorsement remain continuously in effect with us for that period of time.

Completed operations coverage for owners or lessees on policies covering contractractors, or contractors on policies covering subcontractors, is available on a scheduled additional insured basis. Use **Additional Insured - Owners, Lessees or Contractors - Limited Completed Completed Operations Coverage - Scheduled Person or Organization** endorsement as shown below:

- (4) **CL BP 20 14 03 06** \$100 Flat Charge Per Additional Insured/Job

Each additional insured (the work being done), the location, description of completed operations and dates of the work must be shown in the Schedule of the endorsement. Coverage provided by this endorsement for each additional insured per separate job/project scheduled will not extend beyond the period of time required by the written contract (if a written contract is applicable to the job) or 2 years from the date of completion of the work for the additional insured, whichever is less, provided that both the BOP coverage and the additional insured endorsement remain continuously in effect with us for that period of time.

- (5) **CL BP 20 15 03 06** \$200 Flat Charge Per Additional Insured/Job

Each additional insured (the work being done), the location, description of completed operations and dates of the work must be shown in the Schedule of the endorsement. Coverage provided by this endorsement for each additional insured per separate job/project scheduled will not extend beyond the period of time required by the written contract (if a written contract is applicable to the job) or 3 years from the date of completion of the work for the additional insured, whichever is less, provided that both the BOP coverage and the additional insured endorsement remain continuously in effect with us for that period of time.

- (6) **CL BP 20 16 03 06** \$300 Flat Charge Per Additional Insured/Job

Each additional insured (the work being done), the location, description of completed operations and dates of the work must be shown in the Schedule of the endorsement. Coverage provided by this endorsement for each additional insured per separate job/project scheduled will not extend beyond the period of time required by the written contract (if a written contract is applicable to the job) or 5 years from the date of completion of the work for the additional insured, whichever is less, provided that both the BOP coverage and the additional insured endorsement remain continuously in effect with us for that period of time.

D. Endorsements Applicable to Specific Classes

2. Motels

c. Premium Determination

Optional Limits above \$ 250,000 are not available.

3. Professional Liability Endorsements

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

RULE 29. ENDORSEMENTS (cont'd)

a. Barbers and Beauticians Professional Liability

(3) Premium Determination

The following loss costs are per operator. Part-time operators are counted as 0.50.
For rating purposes, round to the nearest whole number.

Occurrence Limit in 000s	Union Rate Per Operator		CWIC Rate Per Operator		Acadia Rate Per Operator		Minimum Premium
	Barber	Beautician	Barber	Beautician	Barber	Beautician	
300/600	28	48	33	57	19	33	\$ 100
500/1,000	32	56	38	66	22	38	\$ 125
1,000/2,000	37	65	43	76	25	44	\$ 150

b. Funeral Directors Professional Coverage Liability

(3) Premium Determination

The rates are based on the number of funeral directors/morticians:

Occurrence Limit in 000s	Union Rate Per Director	CWIC Rate Per Director	Acadia Rate Per Director	Minimum Premium
300/600	81	95	55	\$ 100
500/1,000	92	109	63	\$ 125
1,000/2,000	107	126	73	\$ 150

c. Optical and Hearing Aid Establishments

(3) Premium Determination

The rates are per professional.

Occurrence Limit in 000s	Union Rate per Professional	CWIC Rate per Professional	Acadia Rate per Professional	Minimum Premium
300/600	73.31	86.25	50.00	100
500/1,000	87.98	103.50	60.00	120
1,000/2,000	102.64	120.75	70.00	140

e. Printer's Error and Omissions Liability

(3) Premium Determination

The rating basis is per \$ 1,000 of receipts.

Occurrence Limit in 000s	Union Rate per \$ 1,000 of Gross Annual Sales	CWIC Rate per \$ 1,000 of Gross Annual Sales	Acadia Rate per \$ 1,000 of Gross Annual Sales	Minimum Premium
300/600	0.15	0.17	0.10	\$ 25
500/1,000	0.18	0.21	0.12	\$ 50
1,000/2,000	0.19	0.22	0.13	\$ 75

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

ADDITIONAL COMPANY RULES

The endorsements in this rule may be combined with various Businessowners Forms and Rules to provide the level of coverage indicated. The endorsements are listed in numerical sequence under the line of insurance identification and category identification. The descriptions are for ease of identification. Refer to each endorsement to determine the extent and amount of coverage.

A. Additional Coverages

1. Businessowners Enhancement Endorsement - CL BP 00 05

- a. Eligibility - Any eligible occupancy under the Businessowner Program
- b. Coverage - Summary provided below. Refer to the form for details.

Coverage	CL BP 00 05 Enhancement
Accounts Receivable	\$ 25,000 on Premises/\$ 5,000 Off Premises
Arson Reward	\$5,000
Extended Business Income	Time Period increased from 30 to 60 days
Employee Dishonesty	\$10,000
Fire Department Service Charge	\$5,000
Fire Protection Equipment Recharge	\$10,000
Forgery & Alteration	\$5,000
Lost Key & Lock Replacement	\$ 2,500 any one occurrence
Money & Securities	\$ 10,000 On Prem/ \$ 5,000 Off Premises
Money Orders & Counterfeit Papers	\$5,000
Outdoor Property	\$ 5,000, \$ 500 any one tree, plant or shrub
Outdoor Signs	\$5,000
Personal Effects	\$ 5,000, broadened to include employees tools and theft
Personal Property Off Premises	\$ 15,000 Broadens language to include trade shows where insured operates booth or exhibit
Valuable Papers & Records	\$ 25,000 on Premises/\$ 5,000 Off Premises

c. Premium Determination

	Union Rate	CWIC Rate	Acadia Rate
1-5 Locations	226	265	154
Each Add'l Location	28	33	19

The premium charge for this endorsement is in addition to the policy writing minimum premium.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

ADDITIONAL COMPANY RULES (cont'd)

2. Motel Enhancement Endorsement CL BP 00 02

a. Eligibility - The Businessowners Enhancement Endorsement - CL BP 00 05 must be attached in order to qualify for this additional endorsement. This coverage form is available for eligible occupancies under the Motel/Hotel and Bed & Breakfast program.

b. Coverage

Coverage	CL BP 00 02 Enhancement
Credit Card Invoices	Covered for \$ 10,000 any one occurrence
Fine Arts	\$10,000 provided by the attachment of CL BP 00 06
Guest's Inconvenience	\$ 500 Per Guest Not to exceed \$ 2,500
Liability for Guest's Property, including	
Safety Deposit Box	\$ 1,000 Per Guest Not to exceed \$ 25,000
Lost Key and Lock Replacement	\$ 5,000 any one occurrence
Spoilage	\$ 15,000 provided by the attachment of BP 04 15
Utility Service - Direct Damage	\$ 10,000 provided by the attachment of BP 04 56

c. Premium Determination

	Union Rate	CWIC Rate	Acadia Rate
Initial Location	113	133	77
Each Add'l Location	56	66	39

The premium charge for this endorsement is in addition to the policy writing minimum premium.

3. Sales and Service Enhancement Endorsement CL BP 00 04

a. Eligibility - The Businessowners Enhancement Endorsment CL BP 00 05 must be attached in order to qualify for this additional endorsement. This form is available for eligible occupancies under the Retail, Wholesale and Service programs.

b. Coverage

Coverage	CL BP 00 04 Enhancement
Brands & Labels	\$ 10,000 per occurrence
Money & Securities	\$ 20,000 On Premises/\$ 10,000 Off Premises
Spoilage	\$ 15,000 provided by the attachment of BP 04 15
Utility Service - Direct Damage	\$ 10,000 provided by the attachment of BP 04 56
Valuable Papers	\$ 25,000 On Premises/\$ 10,000 Off Premises

c. Premium Determination

	Union Rate	CWIC Rate	Acadia Rate
Initial Location	56	66	39
Each Add'l Location	28	33	19

The premium charge for this endorsement is in addition to the policy writing minimum premium.

4. Contractors Enhancement Endorsement CL BP 07 50

a. Eligibility - This endorsement is applicable only to eligible risks under the Contractors Program.

b. Coverage

Coverage	CL BP 07 50 Enhancement
Contractors Installation Floater Coverage	\$ 25,000 Limit provided by attachment of BP 07 01
Contractors Tool & Equipment Coverage - Blanket Basis - (not exceeding \$ 2,000 any one item)	\$ 5,000 Limit provided by attachment of BP 07 01
Amendment - Aggregate Limits of Ins Extended Broad Form Property Damage	Provided by attachment of BP 07 02 \$ 5,000 Limit (\$500 Deductible)

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

ADDITIONAL COMPANY RULES (cont'd)

c. Premium Determination

	Union	CWIC	Acadia
Rate Per Policy	338	398	231

The premium charge for this endorsement is in addition to the policy writing minimum premium.

THE FOLLOWING FORMS ARE AVAILABLE TO ALL ELIGIBLE OCCUPANCIES.:

5. Fine Arts Coverage CL BP 00 06

- a. Description of Coverage - Provides coverage for "Fine Arts" meaning property that is rare or has historic or artistic value, such as paintings, etchings, drawings, pictures, rare books, rugs, tapestries, antique furniture, art glass, stained glass, murals, decoratively painted walls and other bona fide works of art or rarity.
- b. Endorsement - Use Additional Coverage - Fine Arts Endorsement CL BP 00 06.

c. Premium Determination

	Union	CWIC	Acadia
Rate per \$ 100 of insurance for all limits in excess of any limit provided within the CL BP 00 02, up to total limits of \$ 50,000.	0.733	0.863	0.500

For higher limits, refer to the underwriter.

6. Cameras and Related Equipment - Additional Coverage CL BP 00 08

- a. Description of Coverage - This endorsement provides broadened coverage for cameras, projection machines, film and related equipment.
- b. Endorsement - Use Cameras & Related Equipment Endorsement CL BP 00 08.

c. Premium Determination

	Union	CWIC	Acadia
Rate per \$ 100 of insurance, up to total limits of \$ 50,000.	1.613	1.898	1.100

For higher limits, refer to the underwriter.

7. Garagekeepers Legal Liability Coverage

- a. Description of Coverage - This endorsement provides coverage for damage to automobiles in the care, custody, or control of the insured. The limit per occurrence/per location is subject to a \$250 collision deductible and \$ 100 per car/\$ 5,000 per occurrence comprehensive or specified peril deductibles.
- b. Endorsement - Use Garagekeepers Legal Liability Endorsement CL BP 04 07.
- c. Use the following table for rates by location, based on the coverage combination provided and the limit of insurance:

Limit	Union Insurance Company		Continental Western		Acadia Ins Co	
	Collision & Comprehensive	Collision & Specified Perils	Collision & Comprehensive	Collision & Specified Perils	Collision & Comprehensive	Collision & Specified Perils
\$7,500	148	166	174	195	101	113
\$15,000	249	280	293	329	170	191
\$30,000	431	481	507	566	294	328
\$60,000	716	799	842	940	488	545
\$90,000	978	1,092	1,151	1,285	667	745
\$120,000	1,211	1,352	1,425	1,590	826	922
\$150,000	1,434	1,600	1,687	1,882	978	1,091

8. Additional Insured - Grantor of Franchise CL BP 20 07 - is added:

- a. Description of Coverage - This endorsement provides coverage for additional insureds that have an interest as grantor of a franchise to the named insured.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

ADDITIONAL COMPANY RULES (cont'd)

b. Endorsement - Use Additional Insured - Grantor of Franchise Endorsement CL BP 20 07.

c. Premium Determination

	Union Range	CWIC Range	Acadia Range
Rate for each designated location and additional insured	25 - 100	29 - 118	19 - 77

Charge depends on number and extent of coverage provided to the additional insured.

9. Include Designated Agents as Employees CL BP 04 15 - is added:

a. Description of Coverage - This endorsement adds coverage under employee dishonesty for theft by agents appointed by the insured in writing and designated in the endorsement schedule. The designated agents may be individuals, partnerships, or corporations. Each agent and the partners, officers, and employees of that agent collectively are considered to be a single employee. Coverage under this endorsement is part of (rather than in addition to) the employee dishonesty limit shown in the declarations. The endorsement explicitly states that faithful performance coverage does not apply to designated agents, even if faithful performance coverage has been added to the policy by endorsement.

b. Endorsement - Use Include Designated Agents as Employees CL BP 04 15 11 08

c. Premium Determination - A \$35 Flat Charge

The premium charge for this endorsement is in addition to the policy writing minimum premium.

B. Exclusions

1. Tobacco Exclusion

a. Description of Coverage - This endorsement amends Businessowners Liability Coverage by excluding all coverage for bodily injury, property damage, personal and advertising injury or reduction in value related to the actual, alleged, or threatened presence of, or exposure to "tobacco products", in any form, or to harmful substances emanating from "tobacco products". This form is mandatory for retailers and distributors of tobacco products and optional for all other occupancies.

b. Endorsement - Use Tobacco Exclusion **CL BP 01 10.**

c. Premium Determination - No rating consideration.

2. Exclusion - Tanning Devices

a. Description of Coverage - This endorsement amends Businessowners Liability Coverage by excluding all coverage for bodily injury, personal injury and advertising or property damage caused by or aggravated by exposure to a sun lamp, tanning booth or similar appliance or device. This form is mandatory for all beauty shop and nails salon occupancies and is optional for all other occupancies.

b. Endorsement - Use Tanning Devices CL BP 01 04.

c. Premium Determination - No rating consideration.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

ADDITIONAL COMPANY RULES (cont'd)

3. Lead Exclusion

- a. Description of Coverage - This endorsement amends Businessowners Liability Coverage by excluding all coverage for bodily injury, property damage, personal and advertising injury or reduction in value related to the actual, alleged or threatened presence of, or exposure to "lead" in any form, or to harmful substances emanating from "lead". This form is mandatory for all occupancies.
- b. Endorsement - Use Lead Exclusion Endorsement CL BP 01 05.
- c. Premium Determination - No rating consideration.

4. Businessowners Liability Exclusion - Asbestos

- a. Description of Coverage - This endorsement amends Businessowners Liability Coverage by excluding all coverage for bodily injury, property damage, personal and advertising injury or reduction in value related to the actual, alleged or threatened presence of, or exposure to "asbestos" in any form, or to harmful substances emanating from "asbestos". This form is mandatory for all occupancies.
- b. Endorsement - Use Businessowner Liability Exclusion - Asbestos Exclusion CL BP 01 06
- c. Premium Determination - No rating consideration.

5. Exclusion - Exterior Insulation & Exterior Finish Systems CL BP 01 07

- a. Description of Coverage - This endorsement amends Businessowners Liability Coverage by excluding all coverage for bodily injury, property damage, personal and advertising injury included in the products-completed operations hazard definition and arising directly or indirectly out of your work or your product. This form is mandatory for all eligible risks under the Contractor program.
- b. Endorsement - Use Exclusion - Exterior Insulation & Exterior Finish Systems Endorsement **CL BP 01 07**.
- c. Premium Determination - No rating consideration.

6. Silica or Silica Related Dust Exclusion CL BP 01 12

- a. Description of Coverage - This endorsement amends Businessowners Liability Coverage by excluding all coverage for bodily injury, property damage, personal and advertising injury caused directly or indirectly, in whole or in part, by silica or silica based products. This form is mandatory for all occupancies.
- b. Endorsement - Use Silica Exclusion CL BP 01 12
- c. Premium Determination - No rating consideration.

7. Exclusion - Designated Operations Covered by a Consolidated Insurance Program CL BP 01 27

- a. Description of Coverage - This endorsement excludes all coverages for any ongoing project or operation covered by a contractor's, owner's, or project manager's wrap-up insurance program. The description and/or location of the operation will be scheduled on the form.
- b. Endorsement - Use Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program **CL BP 01 27**.
- c. Premium Determination - No rating consideration.
- d. Attach Policyholders Notice (Restriction of Coverage) **CL PN 21 00**.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
DIVISION NINE - MULTIPLE LINE - BUSINESSOWNERS SUBDIVISION
COMPANY RULE EXCEPTIONS
STATE OF ARKANSAS**

ADDITIONAL COMPANY RULES (cont'd)

C. Schedule Rating Plan

1. Eligibility - This plan may be applied to a Businessowner Policy which develops a total annual premium of \$ 750 or more after the application of this plan.
2. Rating Procedure - The following modifications may be applied to recognize such special characteristics of the risk as are not fully reflected in the premium or rates. The modifications contemplate the standard allowance for expenses. If the expenses are less than standard, such modification, if a credit, or if a debit, shall be decreased, by the amount or reduction in expenses.

The plan does not apply to minimum premiums, Boiler and Machinery and Professional Liability premiums. The maximum debit/credit shall not exceed +/- 40%.

3. Risk Characteristics

	Credits	Range of Modification to	Debits
a. Management - Cooperation in matters of safeguarding and proper handling of property covered.	15%	to	15%
b. Location - Accessibility and environment	8%	to	8%
c. Building Features - Age, condition and unusual structural features	10%	to	10%
d. Premises and Equipment - Care, condition and type	10%	to	10%
e. Employees - Selection, training, supervision and experience	5%	to	5%
f. Protection - Not otherwise recognized.	5%	to	5%
g. Persistency - Reduction in costs associated with renewal retention	10%	to	10%
h. Financial Stability	5%	to	5%

SERFF Tracking Number: UNON-125771113 *State:* Arkansas
First Filing Company: Acadia Insurance Company, ... *State Tracking Number:* #10034501 \$50
Company Tracking Number: 08-BP-FM-25
TOI: 05.2 Commercial Multi-Peril - Liability Portion *Sub-TOI:* 05.2002 Businessowners
Only
Product Name: 2008 BP Form Filing
Project Name/Number: 11-08 AR BP Form/Rule Filing/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/19/2008

Comments:
Attachment:
11-08 BOP Form Trans.pdf

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name

W. R. Berkley Group

Group NAIC #

0098

4. Company Name(s)**Domicile****NAIC #****FEIN #****State #**

Continental Western Insurance Company

IA

10804

42-0594770

Union Insurance Company

IA

25844

47-0547953

Acadia Insurance Company

NH

31325

01-0471706

5. Company Tracking Number

08-BP-FM-25

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6.****Name and address****Title****Telephone #s****FAX #****e-mail**

Tamara C. Manuel, Irving, TX

Filings Analyst

800-444-0049

972-719-2348

tmanuel@usic.com

7. Signature of authorized filer

8. Please print name of authorized filer

Tamara C. Manuel

Filing information (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

05.2 CMP Liability Portion Only

10. Sub-Type of Insurance (Sub-TOI)

05.2002 Businessowners

11. State Specific Product code(s)(if applicable)[See State Specific Requirements]**12. Company Program Title** (Marketing title)

Businessowners Company Form

13. Filing Type
☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules
☐ Forms ☒ Combination Rates/Rules/Forms
☐ Withdrawal ☐ Other (give description)
14. Effective Date(s) Requested

New: 11/1/08

Renewal: 11/1/08

15. Reference Filing?☐ Yes☒ No**16. Reference Organization** (if applicable)**17. Reference Organization # & Title****18. Company's Date of Filing**

8/18/08

19. Status of filing in domicile
☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-BP-FM-25
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following company endorsement for all policies effective November 1, 2008 for new and renewal business.

CL BP 04 15 11 08 Include Designated Agents as Employees

This is a new form. This endorsement adds coverage under employee dishonesty for theft by agents appointed by the insured in writing and designated in the endorsement schedule. The designated agents may be individuals, partnerships, or corporations. Each agent and the partners, officers, and employees of that agent collectively are considered to be a single employee. Coverage under this endorsement is part of (rather than in addition to) the employee dishonesty limit shown in the declarations. The endorsement explicitly states that faithful performance coverage does not apply to designated agents, even if faithful performance coverage has been added to the policy by endorsement.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

We are also enclosing a copy of our revised company rule page. It is located under Additional Company Rules, Section A, No. 9.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)